

## STATE OF NEW YORK

DEPARTMENT OF HEALTH

STATE FILE NUMBER  
(THIS SPACE FOR STATE USE ONLY)COUNTY \_\_\_\_\_  
CITY/TOWN \_\_\_\_\_  
DISTRICT \_\_\_\_\_  
NUMBER \_\_\_\_\_  
REGISTER \_\_\_\_\_  
NUMBER \_\_\_\_\_AFFIDAVIT, LICENSE and  
CERTIFICATE OF  
MARRIAGE☐ SUPPLEMENTAL FILE \_\_\_\_\_

## FROM THE GROOM

1. A. FULL NAME FIRST MIDDLE CURRENT SURNAME  
B. BIRTH NAME, IF DIFFERENT  
C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE)  
D. SOCIAL SECURITY NUMBER
2. RESIDENCE A. (STATE) B. (COUNTY)  
C. CHECK ONE AND SPECIFY ☐ CITY ☐ TOWN ☐ VILLAGE  
D. STREET ADDRESS ZIP  
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? ☐ YES ☐ NO
3. A. AGE 3B. DATE OF BIRTH MONTH DAY YEAR
4. EMPLOYMENT  
A. USUAL OCCUPATION  
B. TYPE OF INDUSTRY OR BUSINESS
5. PLACE OF BIRTH (CITY, STATE / COUNTRY IF NOT USA)
6. FATHER  
A. NAME  
B. COUNTRY OF BIRTH
7. MOTHER  
A. MAIDEN NAME  
B. COUNTRY OF BIRTH
8. NUMBER OF THIS MARRIAGE
9. PREVIOUS MARRIAGES  
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY DIVORCE CIVIL ANNULMENT DEATH  
B. HOW DID LAST MARRIAGE END? (3) ☐ DIVORCE (3) ☐ ANNULMENT (2) ☐ DEATH  
C. DATE LAST MARRIAGE ENDED? MONTH DAY YEAR  
D. ARE ANY FORMER SPOUSE(S) ALIVE? ☐ YES ☐ NO
10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION  
DATE OF DECREE PLACE ISSUED AGAINST WHOM  
(MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE
- 1ST ☐ ☐  
2ND ☐ ☐  
3RD ☐ ☐  
4TH ☐ ☐

## FROM THE BRIDE

11. A. FULL NAME FIRST MIDDLE CURRENT SURNAME  
B. BIRTH NAME (MAIDEN NAME), IF DIFFERENT  
C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE)  
D. SOCIAL SECURITY NUMBER
12. RESIDENCE A. (STATE) B. (COUNTY)  
C. CHECK ONE AND SPECIFY ☐ CITY ☐ TOWN ☐ VILLAGE  
D. STREET ADDRESS ZIP  
E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? ☐ YES ☐ NO
13. A. AGE 3B. DATE OF BIRTH MONTH DAY YEAR
14. EMPLOYMENT  
A. USUAL OCCUPATION  
B. TYPE OF INDUSTRY OR BUSINESS
15. PLACE OF BIRTH (CITY, STATE / COUNTRY IF NOT USA)
16. FATHER  
A. NAME  
B. COUNTRY OF BIRTH
17. MOTHER  
A. MAIDEN NAME  
B. COUNTRY OF BIRTH
18. NUMBER OF THIS MARRIAGE
19. PREVIOUS MARRIAGES  
A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY DIVORCE CIVIL ANNULMENT DEATH  
B. HOW DID LAST MARRIAGE END? (3) ☐ DIVORCE (3) ☐ ANNULMENT (2) ☐ DEATH  
C. DATE LAST MARRIAGE ENDED? MONTH DAY YEAR  
D. ARE ANY FORMER SPOUSE(S) ALIVE? ☐ YES ☐ NO
20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION  
DATE OF DECREE PLACE ISSUED AGAINST WHOM  
(MONTH, DAY, YEAR) (CITY/COUNTY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE
- 1ST ☐ ☐  
2ND ☐ ☐  
3RD ☐ ☐  
4TH ☐ ☐

I duly swear/affirm, depose and say, that to the best of my knowledge and belief that the information I provided is true and that I declare that no legal impediment exists as to my right to enter into the marriage state.

21. SIGNATURE OF GROOM USE CURRENT NAME  
22. SIGNATURE OF BRIDE USE CURRENT NAME  
23. SUBSCRIBED AND SWORN TO/AFFIRMED BEFORE ME  
SIGNATURE OF TOWN OR CITY CLERK DATEThis license authorizes the marriage in New York State of the bride and groom named above by any person authorized by New York Domestic Relations Law §11 to perform marriage ceremonies within New York State. THIS LICENSE VALID IN NEW YORK STATE ONLY.  
☐ If checked, this license is to be used only for the purpose of a second or subsequent ceremony.

24. TOWN OR CITY CLERK

NAME (PRINT)

SIGNATURE

MAILING ADDRESS

STREET

CITY/TOWN

STATE

ZIP

25. A. SOLEMNIZATION PERIOD BEGINS

25. B. SOLEMNIZATION PERIOD ENDS AT MIDNIGHT ON:

TIME

MONTH

DAY

YEAR

MONTH

DAY

YEAR

AM

PM

26. SOLEMNIZATION OCCURRED

TIME

MO.

DAY

YEAR

AM

PM

27. TYPE OF CEREMONY

0 ☐ RELIGIOUS1 ☐ CIVIL9 ☐ OTHER, SPECIFY

28. PLACE WHERE MARRIAGE OCCURRED

A. STATE NEW YORK

B. COUNTY

C. LOCATION OF CEREMONY

(CHECK ONE AND SPECIFY)

☐ CITY OF ☐ TOWN OF ☐ VILLAGE OF

SPECIFY

29. OFFICANT NAME (PRINT)

TITLE

SIGNATURE

DATE

MAILING ADDRESS

STREET

CITY/TOWN

STATE

ZIP

30. WITNESS TO CEREMONY

NAME (PRINT)

SIGNATURE

31. WITNESS TO CEREMONY

NAME (PRINT)

SIGNATURE

SPECIFY ADDRESS WHERE CERTIFICATE OF MARRIAGE REGISTRATION SHOULD BE SENT

ZIP

STATE

CITY/TOWN/VILLAGE

STREET AND NUMBER

## AFFIDAVIT

## LICENSE

## CERTIFICATE

NOTE: OFFICANT MUST RETURN  
LICENSE TO ISSUING CLERK WITH-  
IN 5 DAYS OF SOLEMNIZATION.

# Attention:

## Bride and Groom

### Social Security Numbers

Social Security Numbers of the bride and groom are mandatory. They are required by New York State Domestic Relations Law Section 15 and 42 U.S.C. 666(a). They may be used for child support enforcement purposes.

### Notice to Applicants:

**If the bride, groom or both wish to change the surname by which he or she is known after marriage, please review the information below and then complete item 1C and/or 11C on the front side of this record.**

- (1) Every person has the right to adopt any name by which he or she wishes to be known simply by using that name consistently and without intent to defraud.
- (2) A person's last name (surname) does not automatically change upon marriage, and neither party to the marriage must change his or her last name. Parties to a marriage need not have the same last name.
- (3) One or both parties to a marriage may elect to change the surname by which he or she wishes to be known after the solemnization of the marriage by entering the new name in the appropriate space provided in the Affidavit Section of this application. Such entry shall consist of one of the following surnames:
  - (i) the surname of the other spouse; or
  - (ii) any former surname of either spouse; or
  - (iii) a name combining into a single surname all or a segment of the premarriage surname or any former surname of each spouse; or
  - (iv) a combination name separated by a hyphen, provided that each part of such combination surname is the premarriage surname, or any former surname, of each of the spouses.
- (4) The use of this option will have the effect of providing a record of the change of name. The marriage certificate, containing the new name, if any, constitutes proof that the use of the new name, or the retention of the former name, is lawful.
- (5) Neither the use of, nor the failure to use, this option of selecting a new surname by means of this application abrogates the right of each person to adopt a different name through usage at some future date.

## Clerk

- All entries must be typed or printed.
- Applicants must provide all information in the affidavit section.
- Issue original to couple after making a photocopy.
- Retain photocopy until original copy is returned by the officiant.